



**ABILITIES FOUNDATION**  
Opportunity not Charity

## REGISTRATION FORM

Name: \_\_\_\_\_ Sex:      MALE      FEMALE

Age: \_\_\_\_\_      Date of birth: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Last institution attended: \_\_\_\_\_

Number of years attended: \_\_\_\_\_

Previous skill/ Skills: \_\_\_\_\_

Parental care:      YES      NO      Medical alerts:      YES      NO

Type of disability: \_\_\_\_\_

Mild

Moderate

Severe

Current Employment Status:

Employed

Unemployed

Self- Employed

Student

If unemployed what is/are your source/  
sources of income?

Remittances

PATH

Church

Family Support

Other

If "other" please specify

How will your education be financed?

Self

Family

Scholarship

Grant

Other

If "other" please specify: \_\_\_\_\_

## PARENTAL INFORMATION

Mother's/ Guardians name: \_\_\_\_\_

Telephone Number/s: \_\_\_\_\_

Place of work: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Father's/ Guardian's name: \_\_\_\_\_

Telephone Number/s: \_\_\_\_\_

Place of work: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**ALTERNATIVE CONTACT 1**

Name: \_\_\_\_\_

Telephone Number/s: \_\_\_\_\_

Relationship: \_\_\_\_\_

**ALTERNATIVE CONTACT 2**

Name: \_\_\_\_\_

Telephone Number/s: \_\_\_\_\_

Relationship: \_\_\_\_\_

Path Beneficiary:      YES      NO

Registration Number:

**Skill Area Enrolled**

Data Operations L1

Furniture Making

Garment Construction

Horticulture

Housekeeping

Data Operations L2

Customer Service

Cosmetology

**Nature of Disability**

Visual Impaired

Blindness

Deaf

Intellectual Disability

Autism

Physical Disability

Other

**Documents Required**

**Submitted**

**Not Submitted**

Copy of Birth Certificate

2 Passport Photographs

N.I.S

T.R.N

School Report

Letter from JCPD/ID

A Psycho-Educational Evaluation

Payment Voucher

This information that I have submitted in this document is true and correctly represents the applicant's personal data.

Applicant's Signature

Parent's/ Guardian's Signature

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Coordinator's Signature:

Date:

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